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FACSIMILE TRANSMISSION COVER SHEET

Date: June 24, 2008

To: United States Patent and Trademark Office
Examiner: Riyami, Abdulla A.; Art Unit: 2609

Fax: (571) 273-8300

Re: **Application Serial No.: 10/806,800**
Filing Date: 3/23/2004; First-Named Inventor: Fayad
Attorney Docket No.: 01CON247P-CON

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 16

Message:

Enclosed please find the Response to Final Office Action dated May 29, 2008.

Thank you.

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Attorney Docket No.: 01CON247P-CON

AMENDMENT COVER SHEETIN RE APPLICATION OF: Fayad, et al.SERIAL NO.: 10/806,800 FILED: 3/23/2004FOR: Methods and Apparatus for Data Communications through Packet NetworksHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	13	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 210	x 105	\$
First presentation of multiple dependent claim				+ 370	+ 185	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

99RSS183-CON

Attorney Docket No.: 01CON247P-CON

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- ☐ Please charge Deposit Account No. 50-1867 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date:

6/24/08

By:

Farshad Farjani, Reg. No. 41,014

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Date

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Signature

Marci M. Sunde

Name of Person Performing Facsimile Transmission

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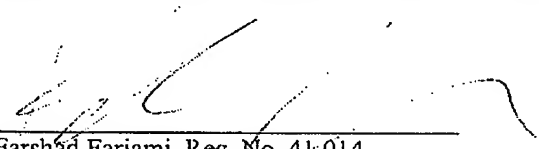
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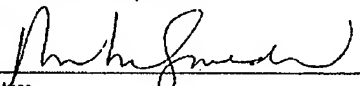
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Applicant(s): Fayad, et al.	Group Art Unit: 2609
Application Serial No.: 10/806,800	Examiner: Riyami, Abdulla A.
Filed: March 23, 2004	
Title: Methods and Apparatus for Data Communications through Packet Networks	

RESPONSE TO FINAL OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final* Office Action, dated May 29, 2008, in the above-referenced patent application. Please enter and consider the following remarks.